

# THE MEDICAL AND SURGICAL REPORTER.

No. 897.]

PHILADELPHIA, MAY 9, 1874.

[Vol. XXX.—No. 19.]

## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### DISLOCATION OF THE SHOULDER— AXILLARY VARIETY.

BY OSCAR H. ALLIS, M. D.,

One of the Surgeons to the Presbyterian Hospital,  
Philadelphia.

A. C., aged thirty-two, thin and spare. In a scuffle with a drunken man, both fell to the sidewalk. In the fall Mr. C.'s left shoulder struck the elevated edge of the curbstone, and the weight of both was sufficient to drive the head of the humerus into the axilla.

I saw him a few moments after the accident, and his attitude alone was sufficient to suggest

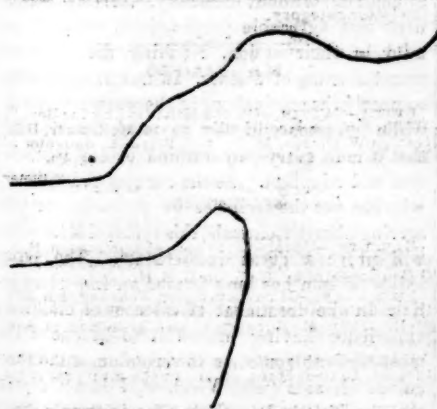
the part, and requesting him to stand erect, the arm stood off from the body, and exhibited a feature first mentioned to me by Dr. Dingee, viz., that of fracture of the upper third of the humerus. Indeed, so characteristic was the deformity that I took occasion to sketch it.

The deformity consists in a marked depression at the insertion of the deltoid, giving the arm a bent or broken appearance, and as if to make the deception more complete, the sufferer or an assistant supports the injured parts. It may be said that the merest tyro would be inexcusable for making such a blunder, and while I do not deny it, yet the following case will justify my calling attention to it:—

A person had fallen and sustained an injury of the shoulder. A physician was summoned, and dressed it as for a fracture of the humerus. This, instead of allaying the pain, seemed to aggravate it, and when it could no longer be endured, and fearful lest some mistake had been made as to the real nature of the injury, Dr. D. was summoned, who readily detected and rectified the mistake.

Another gentleman, in speaking of this peculiar deformity, said that on one occasion he was called to an injury of the shoulder, which presented such characteristic symptoms of fracture of the upper third of the humerus, that, to use his own words, "I got my splints ready before I examined the part, as I did not wish to give the party any unnecessary pain." When everything was in readiness he took hold of the arm, and instantly detecting the true nature of the injury i. e., a dislocation downwards, restored it.

To return to the case under consideration: The other symptoms, viz., prominence of the



the nature of the injury. I found an attendant supporting and extending the arm, as in this position he had comparative ease. On stripping

acromion, flattening of the deltoid, with a horizontal depression just below its broad origin, the head of the bone felt in the axilla, and inability to bring the arm to the side, readily establish the nature of the injury.

*Reduction.*—Placing the patient on the floor, I first attempted the reduction with my left heel in the axilla. Failing in this, and with my foot in the axilla, and still extending the arm, I worked myself around until I could place my right foot upon the acromion process. Thinking that the reduction might have been accomplished by this manoeuvre, though no audible sound had announced it, I cautiously worked myself to his side, still maintaining the extension, and keeping my foot in the axilla, and was pleased to find the success complete.

The arm was then secured to his side, and anodyne lotions applied to the bruised shoulder.

In reference to the *audible sound* usually accompanying dislocations of the shoulder, I would express a doubt of its occurring when this mode of reduction is resorted to.

Dupuytren, resorting to this method after others had failed, says, "the head of the bone was restored to its socket *without any audible noise*," and his placing the last words in italics would seem to mark his surprise.

A curious case happened in New York State a few years ago. A young man had sustained an injury at the shoulder joint. It gave him but little annoyance, save that it was almost utterly useless to him, and prevented his actively engaging in his usual sport and avocation, hunting.

On one occasion, while out with his father, he shot a coon in an old tree, which lodged, and necessitated a venture or the loss of the game. With two legs and one sound arm he began the ascent, but as he approached the prize, and too intent on securing it, he laid hold of a rotten limb, which breaking, would have precipitated him to the ground had he not involuntarily grasped the body of the tree with the injured arm, when the sudden weight of his body acting as an extending force, was sufficient to reduce the dislocation, and swinging it lustily, he cried out to his father below, "I'm all right now, Dad."

This happy and unlooked-for restoration is in principle the same that I applied in the case above mentioned. The first to call attention to this mode of reduction\* was Mr. White, of

Manchester, whose paper bears date of 1764; while to Mothe, a surgeon of Lyons, the honor of discoverer is usually given, though his eight cases treated after this plan appear twenty-one years later than that of White.

## SYRUP OF THE TASTELESS IODIDE OF IRON.

BY CHARLES G. POLK, M. D.

I regard the syrup of the iodide of iron with potassic citrate a preparation of great value. Mr. Creuse could not have given one which would have met a much greater want. The instability of the officinal iodide had ever been so annoying to the physician and pharmacist, only the slightest exposure being necessary to induce deterioration of the preparation, as every one familiar with it well knows; in addition to this its tendency to assume a higher degree of oxidation, its liability to injure the teeth, irritate the stomach, cause headache, and nervous derangements, had really caused this valuable iodide to hold rather a secondary place in the esteem of the profession. Another difficulty was encountered in forming compounds with other agents to meet other therapeutical indications, or modify its taste so as to avoid offending the delicate palate, the austere officinal iodide refusing any such alliances. These difficulties are, however, overcome in the formula originated by Mr. Creuse. This new compound will combine with quinia, strychnia, gentian, or alterative mixtures, and aromatics, without difficulty, forming permanent and agreeable preparations, efficient, yet mild in their action, reaching the thousand secret avenues of disease. In fact, it approaches so nearly the officinal one in therapeutical worth, while pharmaceutically so much its superior, that it is in every way entitled to our appreciation and adoption. To the country practitioner, who has not the facilities for procuring or preserving pharmaceuticals, this syrup of Mr. Creuse will prove a great desideratum. The syrup iodide of iron has long formed an important article in the treatment of diseases of children; experience having proved it to be one of the most efficient remedies in scrofulous and tuberculous diseases (with Virchow, I do not regard these as identical). Every physician will recall at once the disagreeable taste, and how vigorously his little patients resist its administration. Yes, more, he will recall many cases where this resistance had caused his directions to be ne-

\* Dupuytren on Diseases and Injuries of the Bones, pp. 74-77.

glected, and his efforts to be, in consequence, completely thwarted. This need not be with the new preparation; even itself not at all disagreeably tasted, it will combine with curacoa cordial or an aromatic elixir, very acceptable to the taste of any child.

I hope this notice of the new iodide will excite in the profession a spirit of investigation of its merits, and lead others to give testimony of its value. Although very frequently discussed in pharmaceutical journals, it scarcely has received a place in medical literature.

Dr. R. J. Levis, the distinguished surgeon and oculist of this city, attains a very similar combination by prescribing pyrophosphate of iron and iodide of potassium.

Dr. A. D. Hauverman, U. S. A., used to prescribe the ammonio-citrate of iron and iodide of potassium, together, in broken down cases of syphilis, abundance of which we had in Charleston, S. C.,\* just after the close of our civil war, and really his cases did well. He, in compliance with my wishes, devised the following formula:—

Iron (fine wine),	grs. 100.
Iodine,	grs. 400.
Citrate of ammonia,	grs. 360.
Sugar,	℥x.
Water, q. s. add	℥vj.

Combine the iron and iodine as in United States Pharmacopœia, and then slowly add a concentrated solution of citrate of ammonia until it assumes an apple-green color, and add the sugar and sufficient water to complete.

Acting on this same principle I prescribed the ammonio-citrate of iron and the iodide of ammonium, in equal portions, and formed a combination which has ever remained a favorite of mine to this day.

With all these investigations on our part, it however remained for Mr. Creuse, unconscious that any other had labored in the same field, to solve alone this combination, bring it to a high degree of perfection, and instead of burying this pharmaceutical gem, gave it to the world; a legacy worthy of general recognition. Such a man deserves to rank amid the benefactors of mankind. I add this remark because an ambitious German pharmacist, engrafted on American science, has sought to injure justly earned reputation, although the world recognizes him too well as the author of the tasteless ferric

salts to permit his fame to be dimmed by an ebullition of envy. It has been proposed, and I believe it is authorized to be incorporated into the Pharmacopœia of Great Britain. Our editors will not long defer its incorporation into our own; its merits are above controversy.

## REMARKABLE CASE OF NARCOTIZATION.

BY ED. C. HARWOOD, M. D.,

Of New York City.

On the evening of Friday, March 20th, at eleven o'clock, I was called hastily from my office to the house of my friend, Dr. H. On arriving, I found his infant son, aged nineteen days, to be thoroughly narcotized, occasioned by the careless administration of morphine, by the nurse, in using the same teaspoon for the administration of catnip tea which she had previously used in taking a solution of morphine herself. We can approach the character and strength of the solution only from the fact that one-fourth of a grain of morphine was used in two teaspoonfuls of water, and it was found, by dipping the spoon in it and taking it out, that three drops remained in the spoon; and, therefore, we calculated that the child got three drops of the solution of morphine, equivalent to one-fourth of a grain, in two drachms of water. Condition: pupils contracted and no response to light or irritation of the conjunctiva; pulse fifty per minute and feeble; stertorous breathing was also present. I stripped the child, and sprinkled the face with cold water, and applied the same to the entire length of the spine, with the result of causing a deeper inspiration; gave one-half of an ounce of strong infusion of coffee per rectum, and used Kidder's magneto-electric machine. Applied one pole over the phrenic nerve, and the other to the sterno-clido-mastoid muscle, and over the entire length of the spine.

Great alarm was manifested by the parents at the condition of their child. I learned that my friend, Dr. E. H. M. Sell, was the accoucheur of the mother, and she suggested that in the multitude of counsel there was safety. I therefore sent at once for Dr. Sell, who arrived at 12.30 A. M., with Kidder's double cell faradaic battery, which was applied with a mild induced current. The temperature at this time was 96° per rectum; respiration stertorous and from 13 to 18 per minute; pulse 116 and irregular. At one o'clock gave more coffee per rectum, a portion

\* U. S. A. Quarantine Hospital, Charleston, July, 1866.

of the first having been passed in the napkin. At three o'clock, have made three applications of electricity, one of which was continued during the next half-hour. Temperature 95°; warm bottles of water were applied; respiration still stertorous, 17 per minute, but more regular. Gave one drop of solution of atropia, one grain to the ounce of water. At 4.30 free and natural movements of the bowels; eyes open, and a response of the conjunctiva for the first time, and quite a natural cry. At 4.45, gave two spoonfuls of breast milk. At 5.05 the condition more marked for improvement; eyes opened and breathing approaching a normal movement; respiration 30 per minute; temperature 98°, Gave one-half ounce of strong coffee per rectum; pulse 150. The condition so good that we went home. At 10 A. M. an injection of soap and castor oil was administered, with the effect of producing a thorough evacuation of the bowels; an application of cold water was made to the head. At five o'clock P. M. the child presented a normal appearance, and the treatment was discontinued, with the exception of a small quantity of lime water, which we advised to be given. It was thought to be indicated on account of the acrid condition of the bowels, manifested by green discharges and some undigested milk.

This constitutes briefly the history and recovery of the case, which is in accordance with the principles of treatment that I always resort to in cases of narcotization from opium, with the exception, I must say, that I do not think the mother's milk ought to have been given under these circumstances, for it is a well known fact, that while a young mother is depressed with fear and anxiety, the rich nourishing quality of the milk is changed to that of almost a watery secretion, as it was in this instance, and pure cow's milk was substituted for it during the next twelve hours.

## HOSPITAL REPORTS.

### PHILADELPHIA HOSPITAL.

SURGICAL CLINIC BY PROF. WILLIAM H. PANCOAST.

REPORTED BY DR. J. V. SHOEMAKER.

GENTLEMEN:—I here show you an apparatus for extension, called the *wheel crutch*; you see with what facility it moves. It is formed of three light steel rods resting on a wrought-iron frame, running on four wheels, with leather tires, to prevent noise. These "rods" support a

padded semi-circular band, open behind, made so as to fit in the armpits of the patient. The hands grasp these two rests, one on each side, just below the "padded band," and the wheels in the rear are placed at such a distance as to prevent any tipping backwards or rolling on the sides, being so arranged on steel swivels as to prevent all noise and friction, and by the least inclination of the body the instrument can be turned in any direction. The upper section of the frame can be raised or lowered, according to the patient's height, thus taking off the weight of the shoulders, aided by a sort of a saddle, on which the buttocks rest.

I have brought the instrument before you, to show its application in the case of this patient, Sarah Ragan, fifteen years of age. You notice the great curvature of her spine, and the peculiar, and old expression of her face, due to long continued suffering. When she came under my care, during the last winter, in the Female Surgical Ward, she was in a very critical condition; very feeble; suffering from hectic fever; no appetite; the curvature as we see it, and a lumbar abscess forming.

According to the history I have received, when two and a half years of age she was squeezed between a heavy gate and post. This is supposed to have been the injury which has excited a disease of the bodies of the dorsal vertebrae known as Pott's disease of the spine. Judging from the character of the curvature of the spine, the bodies of three or four dorsal vertebrae, between the fourth and ninth, have become softened down by the inflammatory process.

The bodies of the vertebrae, as you know, are placed one upon the other, so as to support the superincumbent weight. If two, three, or more of these bodies disappear, the weight of the shoulders and head above will force down the upper vertebrae upon the vertebrae below. This causes the curvature or gibbus appearance of the spine that you see; this protects the spinal cord within the spinal canal, by closing up what would otherwise be a great gap, exposing the cord to injury.

Notwithstanding her critical condition, as soon as I recognized the existence of the lumbar abscess, I opened into it by a valvular incision, and emptied out a large quantity of thick pus, giving great relief to the patient. The pus from the broken down spongy bodies of the vertebrae had forced its way down along the sides of the vertebrae, behind the diaphragm, under the ligamentum arctatum externum, and worked itself underneath the layers of the lumbar fascia, so that I could recognize the presence of the abscess in the posterior part of the lumbar region, and I made my incision through the overlying tissues, and through the posterior leaflet of the lumbar fascia.

I have seen abscesses formed from a disease of the bodies of vertebrae point in the groin, and on the inner posterior surface of the upper part of the thigh. The pus working its way down through the psoas magnus muscle, and guided by it under Poupart's ligament.



This patient is now much better, but she is still very delicate. She requires fresh air and exercise to establish her health. I fear to let her go about in any ordinary way. I therefore wish her to use this "wheel crutch," which has the advantage of extending her spine gently, by taking off the weight of her shoulders and head by this "crutch rest," which "supports" her in the armpits. This can be raised or lowered, to suit her exactly, as you see, by working the screws, and her feet resting on the floor gently, can easily propel this light and graceful piece of machinery. By this method she will have exercise, and fresh air, without any danger of re-exciting inflammation in the bodies of the vertebrae.

This instrument was made by Mr. Darrach, of Essex county, New Jersey, to benefit his little daughter, who was similarly affected, and was first mentioned to me by my friend, Prof. Sayre, of New York, a few weeks ago. The instrument is beautifully and ingeniously made, but the principle is not a new one. About twenty years ago I saw a similar "go-cart," invented by the late Prof. J. K. Mitchell, to fulfill the same indications. There the weight of the head and shoulders was taken off the trunk below by the head resting in a sling attached to a curved steel bar that could be raised or lowered at will; the wooden belt which supported this bar rested upon four supports, running on little wheels. I also, three years ago, in a case of great deformity of the lower limbs, where I performed extensive tenotomy to restore the limbs to shape and usefulness, adapted the same principle of Dr. J. K. Mitchell, making a machine of wood, similar in appearance to this, the patient resting the armpits on a crutch-like support, and body supported by a sort of saddle or girdle, similar to the one you see in Mr. Darrach's instrument.

The advantage of this form of treatment, and use of this instrument is obvious. The weakened and diseased spine requires support and rest, yet if the patient is confined to bed constantly she cannot regain her strength; but by this apparatus, we, so to speak, "put the bed on her and let her run about." She receives all the benefits of the support a bed can give her, also enjoying the beneficial tonics, fresh air and exercise.

Catherine Langdon, single, aged forty years; when she came to me, two years ago, she had been under treatment in this city during four years, for rheumatism; she complained of intense pain in the knee; on examination I found she was suffering from coxalgia, far advanced in the second stage, with some displacement of the head of the femur backward, owing to softening of the acetabulum. I received her into my surgical service in the hospital; she suffered considerably from pain, especially at night, owing to the contraction of the muscles around the joint. In this amphitheatre, after etherizing her, I cut the muscles subcutaneously—the pectineus, adductor, longus, brevis and tensor vagina femoris. This gave her great relief, and I was able then

to apply extension by a weight fastened on the foot by adhesive plasters running up the leg above the knee.

In an advanced hip joint disease, with spastic contraction of the muscles around the joint, there is no use of applying extension until, by subcutaneous section, you relieve the inflamed joint from the irritation caused by this contraction, otherwise the additional irritation of the extension will do more harm than good. In the first stage you can cure by extension, relieving the joint from pressure, and by tonic treatment. If the synovitis continues, and is obstinate, I find great advantage in making counter-irritation on the back of the joint, the best form of which is, I believe, the issue made by the iron at a white heat, the heated iron not only making an issue, but, I believe, by its radiation, making an alternative impression upon the diseased synovial membrane. In this case, after having relieved the joint by operating as I have mentioned, I afterwards applied the hot iron, making two issues, the scars of which you see. The case has been saved from the third stage of coxalgia and its consequences, by the treatment that she has received. Being anxious to restore her to health as soon as possible, I ordered an apparatus such as is used by my friend, Prof. Sayre, so that she could take exercise and regain her health. Prof. Sayre, in a visit that he paid me, kindly brought over an apparatus which he has used, and applied himself, for me, upon the patient. It is a better made instrument than the one she first had, and you can see its good effect as the patient walks around. I prefer this "apparatus" of Prof. Sayre's for an adult, as it does not reach below the knee, and, therefore, is not conspicuous. For children, I have for some years been in the habit of having the irons to run down and to fasten to the shoe, thus doing away with the trouble of adhesive plaster. Whatever instrument you use, it should be taken off at bedtime, and extension made from the leg, so as to give rest to the groin from the pressure of this perineal band. The skin should be carefully protected from abrasion, and bathed so as to harden it. This is most benevolent surgery. If you have ever seen a child suffering from advanced coxalgia, you may remember the agony it suffers, and, if the disease is not relieved, it may go on to caries and suppuration of the joint, demanding an excision of the head of the femur to save the patient from death through exhausting suppuration and irritative fever. This patient is now able to walk without support, and without suffering pain.

Ellen Karns, age 22 years, came into my service suffering greatly from a painful stump. An amputation had been performed at the knee joint by my friend, Dr. Morton, in the Pennsylvania Hospital. The result was a beautiful stump, and though I thought the specific osteitis had returned in the femur, and would require a resection of it, yet I hesitated to interfere with such an excellent knee joint amputation. I called upon Dr. Morton to mention the case to him, and he kindly came to the hospital to see

the patient with me. We decided first to make a section of the sciatic nerve, as the pain seemed to be most expressed in the posterior flap. I operated upon her in this amphitheatre, etherizing her, and cut down upon the sciatic nerve on the posterior part of the thigh, at its middle, making a linear incision, the scar of which you see, about 2½ inches long, in the median line. The bifurcation of the sciatic nerve was high, above the middle of the thigh, and I had to look on each side of my incision, to find the external and internal popliteal nerves. I cut a piece out of each nerve about two inches long. The patient stood the operation well; suffered no inconvenience from the cutting of the nerves. The posterior half of the flaps covering the stump became numb, lost its sensibility to the touch, and the patient said there was a little less pain, but she still complained exceedingly of the deep-seated pain, which kept her from sleeping and made her very irritable, rendering it necessary to give her large doses of anodyne at bedtime. This is the fourth time I have resected the sciatic nerve in painful stumps. In each of the three other cases the neuromatous tumor varied from the size of a hickory nut to a walnut. In one of the cases, in which the thigh had been amputated high up, I followed the sciatic nerve up and cut it off just within the great sacro-sciatic foramen. In all three cases the patients were relieved. The original amputation in this patient's case, at the knee joint, was performed about thirteen months ago. Three months have passed since I resected the nerves, and the patient has been complaining constantly of the deep-seated pain, apparently in the bone.

She suffered so much that on one occasion, about a month ago, while out on leave, she bought some morphia and chloral in a four-ounce mixture, which, on investigation, was found to contain cxx grs. of chloral, and viii grs. of morphia. Three-fourths of this mixture she took secretly, on returning at night, in addition to the ordinary dose of chloral she was in the habit of taking, and she fell into a narcotic sleep, from which she was aroused with the greatest difficulty, my assistant, Dr. Miller, being obliged to resort to the stomach pump and battery for fourteen hours to save her. I have endeavored to relieve the osteitis upon three occasions by the antiphlogistic use of the knife, driving the point through the flaps into the condyles of the femur, in several places causing the blood to flow, and giving some temporary relief. On each occasion I found the bone to be easily penetrated, and soft. To-day I have determined to lay open the flaps, and resect the softened and diseased end of the bone. My assistant, Dr. Ronaldson, will now put the patient under the influence of ether. In so doing you will notice that I have the towel, which I prefer to use in etherizing, saturated with the ether, and held some little distance from the face, anesthetizing her gradually, so that she can bear the ether, thus relieving her from any sense of suffocation, which is so disagreeable to the patient when the ether is applied suddenly and rapidly, over the mouth and

nostrils. When partially etherized you can then apply the ether directly and quickly, without causing distress. I am an ether giver. Ether is always safe, and chloroform sometimes dangerous, yet I occasionally give chloroform, only I trust no one then, watch it myself, and give it with great caution. When, as it sometimes happens, a patient resists the effects of ether, and becomes excited, I then pour a little chloroform on the towel, chloroforming for a few moments, and quieting my patient. As soon as I have passed this bridge of delay, I resume the ether, and keep the patient well under its effects, only using the chloroform separately for a few moments, to hasten the anesthesia. I will apply a tourniquet over the femoral artery, at the lower part of Scarpa's triangle, so as to have the artery under control in case of hemorrhage. I now want a good knife, tenaculum, ligatures, and a good pair of forceps. A good pair of forceps, should pick up the cuticle on your finger, as this does; the points which seize, are the forceps, all the rest, no matter how long, is only the handle. With a good assistant at hand to help me, I am ready. I now plunge the point of my knife down to the bone, and sweep it around the cicatrix, bringing the point out in the same neat, clean way, cutting around the cicatrix, leaving it on the bone, as I wish to remove it, then turn up the flaps, as you see, and expose the condyles of the femur. Applying this good saw, I remove the ends of the condyles for about an inch. The bone, as you see, is very soft, filled with blood, the spongy structure easily breaking down, and the bone evidently in a state of inflammation; a little longer delay, and an abscess and consequent caries must ensue. As the end of the bone left is in the same condition, I will remove about three-quarters of an inch more. You see how full of blood this section is also, the spongy interior of the bone soft, and easily broken down, though of a firmer consistence than the last part just removed. From these specimens you have the evidence that bone is an organized tissue. See how full of blood it is, and from the femur above blood is slowly oozing. We will apply the soap styptic on the bleeding surface, let the air come freely into the open wound, the cold air itself being an excellent styptic. The flaps are plentiful, just the right length, and fall easily and sufficiently over the divided femur. Recollect always you want enough muscle to cover the bone, and enough skin to easily cover the muscle. The patient has lost only a few drops of blood, and that mainly from the inflamed bone; no arterial flow. I have avoided opening the femoral artery, which here lies concealed, but pulsating in the posterior flap. We will now draw the lips of the wound together. See how easily the flaps lie. I will use this silver wire for suture, though I do not prefer it here over a well waxed, thin and strong silk ligature. I leave the corners of the wound sufficiently open for drainage, which I think important, support the flaps with broad strips of adhesive plaster, cover the stump with a Greek cross

of patent lint, spread with oxide of zinc ointment, and support the dressing and the flaps with a bandage; put the patient to bed, give her a quarter of a grain of morphia at once, and afterward a tablespoonful of this prescription every hour while awake, or restless:—

R	Spir. mindereri	f. ʒijss	
	Aquæ camphoræ	f. ʒijss	
	Spirit eth. nit.	f. ʒss	
	Morphiæ acetat	gr. j	
	Antimonii tartaricati	gr. ʒ	M.

℞. mist.

The next patient is John Casey, single, aged thirty-five, from Cambridge, England. He is unable to open his mouth but for a very little distance, owing to this tense, hard swelling on the right side of the neck, behind the angle of the jaw. The swelling is large, running up behind the ramus of the jaw, and downward some distance in the neck. But, tense as it is, I think I can detect fluctuation. This I do by pressing the index finger of each hand gently, but firmly, on the swelling, then by lightly and quickly pressing with one finger, I make the other finger rise, and vice versa, thus feeling the movement of the pus in the abscess. The patient is unable to say how this occurred. As I tap the abscess, you see the pus flows freely and in large quantity. If it had been allowed to remain, the pus might have worked itself under the deep fascia, amidst the structures that compose the neck, even as far down as between the œsophagus and trachea (as I have seen), exposing the patient to great inconvenience, if not peril. Place a compress of lint, lightly spread with oxide zinc ointment, over the swelling, above and below the puncture, retaining them by adhesive strips, so as to force the walls of the abscess together, and destroy by pressure the pyogenic membrane. Over the wound place a poultice, to invite the free discharge of pus, so as to enable the abscess to heal up as quickly as possible. In three cases I had to open abscesses in this region, on the internal side, in the pharynx, where the abscesses involved the tonsil gland and the soft palate. In one of these cases the abscess was so large as to prevent the patient from opening his mouth, but the smallest distance, interfering with deglutition and with his respiration to such an extent, that he breathed with difficulty, and was black in the face. Bringing him toward the open window I could just see through the narrow opening between the teeth, the swelling, and a yellowish spot on it, on the right side of the velum. Taking a long, narrow-bladed knife, I pushed it in between the teeth, there being just room to do so, and drove the point into the "yellow spot" on the soft palate, immediately giving vent to a large quantity of fetid pus, which flowed out from his mouth sufficient to fill a tumbler. The patient immediately took a long breath, his natural color returned, and, breathing easily, he exclaimed, "how much better I feel, I thought I would suffocate."

This patient is John Fields, married, aged

forty-five, who complains of pain on defecation, and great soreness in the region of the anus. We will examine him; here on the left side of the anus is a little red elevation. On passing my probe into it, I find that the probe runs upward for a distance of two and a half inches. Putting soap under my finger nail, oiling my finger, and introducing it in the bowel, I can feel the blunt end of the probe.

This is a complete anal fistula, with an opening in the bowel above, and through the integument below. As this is an eyed probe, I pass a well waxed silk ligature through the eye. The probe being now threaded, and guiding the blunt end of the probe with my finger in the bowel, I draw and push the probe through the sinus, bringing it out through the bowel, and unthreading it, leave the ligature in the sinus, one end on the outside and the other in the bowel. I now tie the ligature firmly down. The ligature will ultimately, by repeating the tying of it, cut its way through, enabling the fistula to heal up behind the ligature, while at the same time it acts as a guide for drainage, enabling the pus to flow out easily.

This is often an excellent plan in cases where you dread phthisis pulmonalis, and in those cases, like this, where you do not want to put the patient to bed, but to allow him to go about. The ligature works its way out gradually, by ulcerative absorption, and by the time it is ready to come away the fistula is cured.

George Mansal, sixty years of age, married. This is a case of incomplete or false ankylosis of the wrist and hand. They were injured by a fall, producing an inflammation of the synovial membrane lining the thecæ of the tendons. In consequence of the effusion of plasma, the synovial membrane has become glued together, thus stiffening all the fingers and the wrist joint, interfering with the proper flow of blood, which is facilitated in the hand by its motion, thus giving this blue and livid color, which is due to this want of proper rapidity of the circulation. The uselessness of the hand in its half dead condition, is also shown in his long, cadaveric-looking, talon-like nails. We can remedy this; and now, giving ether to deaden his sensibility, you see how, by first extending and then flexing the fingers and wrist, I break up the adhesions; you can hear them snapping. You see I have now restored motion to all these formerly stiff articulations. But this is not enough; I will cover the hand with lead water and laudanum, to keep down the inflammation caused by this manipulation. When the irritation has subsided, in a day or two, I will make thorough motion of all these joints in the same way, again applying the antiphlogistic treatment, and so repeating this process until the patient has regained the thorough use of this valuable right hand.

Dr. Jacob Hay, Sr., died suddenly last week, at York, Pa. He was a prominent physician, and was President of the York National Bank.

## MEDICAL SOCIETIES.

### Texas State Medical Association.

This society met at Dallas, April 6th, the following officers presiding: Dr. Stuart, of Houston, president; Dr. Brown, of Waco, vice-president; Dr. Young, secretary, and Dr. Larendon, treasurer.

Rev. Dr. Davenport opened the proceedings with prayer, upon the conclusion of which an address of welcome was delivered by Dr. R. M. Jones, of this city. Hon. Ashbel Smith, the mentor of the profession in Texas, replied.

On motion of Dr. Brown, it was resolved that the chairman be authorized to appoint a committee of five to seven, to report what previous legislation has been effected in the State for the regulation of the practice of medicine in the State of Texas, and what can be done for it by future legislation.

The report of the committee on credentials was then received, and the following medical associations were elected to membership in the association:—Burleson County, Washington County, Coryell County, Waco City, Harrison County, Hill County, Grayson County, Jefferson, Johnson County, Lamar County, Dallas City.

Dr. Ross, from the committee on yellow fever, submitted a lengthy and elaborate report, which was listened to with the utmost attention. On the conclusion of the reading, it was moved, and carried, that the report be received and referred to the publishing committee.

Dr. Heard, of Galveston, gave the convention a synopsis of his views upon the therapeutical treatment of yellow fever.

Dr. Hudspeth offered a resolution that three members be appointed as a committee to draft resolutions expressive of the regret of the association upon the death of Dr. Cooke, of Belleville; Dr. W. B. Fields, of Calvert, and Dr. B. B. Palmer, of Columbus.

Dr. Ryan, of Caldwell, offered the following resolution:—

*Resolved*, That the president appoint a committee of three to prepare a law regulating the sale of drugs, patent medicines, etc. Carried.

The following officers were selected: Dr. Clopton, of Jefferson, president; Dr. T. D. Wooten, of Paris, vice-president; Dr. Oliver, of Dallas, second vice-president; Dr. East, of Austin, recording secretary; Dr. Larendon, treasurer.

Dr. Heard introduced a resolution on State medicine, and Gen. Robertson, the Immigration Commissioner for Texas, was appointed chairman of a committee of the State to select, from each judicial district, a committee-man to aid him in collecting all information regarding geographical disease, local hygiene, epidemics, quarantine, etc., all matters of interest reported by this committee to be published in the leading newspapers of the State, for the information of the public, and a general report made to the Association at its next meeting, which is understood will be held in Austin.

[We are indebted for minutes of the meeting to Dr. P. Kilpatrick.—Editor.]

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Post-Connubial Insanity.

This is the name given to a variety of alienation by Dr. Skae, in *The Morisonian Lectures on Insanity*, for 1873. He says, "In robust men of rigid virtue up to the time of their marriage, I have known cases where the first night of connubial felicity was followed in the male by attacks of congestion, amounting to something like congestive apoplexy, although of transient duration, or resembling the epileptiform congestive attacks of general paralysis. Such attacks are transient. More often the symptoms of the insanity brought on by this cause are those of *acute dementia*. The patient is stupid and confused, and cannot answer questions; is restless and unsettled, and morose. These symptoms generally pass off soon, leaving the patient well.

In females the symptoms are better marked

and more peculiar. A woman who had married a husband in every way apparently suitable to her, of her own free will, and with the approbation of the friends of both the contracting parties, suddenly after marriage becomes morose and full of remorse that she had married; says she had no love for the man nor he for her; cannot bear to hear his name mentioned, and is horrified at the idea of ever living with him. Her feelings toward her husband amount to actual repugnance and morbid hatred. Some such patients are dangerous, both to themselves and others.

One of the most suicidal patients I ever knew was a case of this kind. She was a handsome young woman, newly married to a very promising young man, perfectly suitable to her apparently, and approved of both by her friends and his, all of whom, including not only relatives, but former employers and other friends, took a lively interest in the marriage.

Immediately after its consummation she be-



came intensely melancholy and suicidal. She walked up and down, night and day, for three months, wringing her hands, and with a face full of wretchedness, repeating the words unceasingly, "Oh! misery! misery!" She had, of course, short snatches of sleep, and was fed by force. She was watched continually by relays of attendants, night and day, during all that time, and never ceased for a moment to cast about for some contrivance by which she might commit suicide. She attempted to choke herself on cotton reels, balls of worsted, pieces of coal or stone; to stab herself by getting hold of forks and knives, and needles and scissors; to drown herself in the pond, the bath, or the water-closet; to precipitate herself from a height when she had contrived the chance, or to strangle herself with the tape of her apron or petticoat, under cover of the former being thrown over her face to enable her to get a sleep, and by the time the suspicion of the attendant was aroused sufficiently to lead her to remove it she was generally found nearly black in the face. She ultimately succeeded, at the end of three months, in effecting her purpose by snatching the attendant's key from her, bolting out of the room, carrying the key with her. Having slammed the door against the attendant, the doors locking with a spring lock, the nurse was unable to follow her. Knowing well the geography of the house, and aided by her key, she made her way to an empty room, and there hung herself.

Some years ago I visited a gentleman in Had-dingtonshire, whom I found laboring under well-marked symptoms of general paralysis. His age was fifty. He had gone up to London when a young man, where he got into a very large and lucrative business. Some eight years before I saw him, he resolved to marry, but being too much involved in the turmoil of business to spare time to look out for a wife for himself, and pay her the necessary preliminary attentions, he fell back upon a young girl whom he had known in East Lothian before going to London, and to whom he had displayed some attentions. He asked a friend in the neighborhood of the young lady's residence to visit her, to open the campaign for him, and to propose for her on his behalf. This his friend managed successfully on his behalf; the young lady in due time went up to London, where she was married to my future patient.

Immediately after marriage he seems to have been seized with the post-conjugal insanity I have described. He took the greatest repugnance to his wife, almost daily threatened her with a knife, and for four years, during which he never had connection with her, she lived in daily fear of her life, and regarded him as quite insane. During all this time he managed, by his reticence, to pass muster with his partners and others in business. About the close of this time he began to make mistakes and errors of memory which attracted the notice of his partners, who bought him out of the business on a handsome retiring allowance. While this was

going on his conduct to his wife underwent a sudden alteration; from hating her and threatening to kill her, he suddenly became amorously uxorious, to a morbid degree, the fruit of which was a child. But, in the meantime, his mental condition rapidly underwent a great change; he became excited and full of delusions of wealth and grandeur, and the mental symptoms of general paralysis appeared, running on rapidly to a fatal termination.

#### Treatment of Functional Derangement of the Liver.

Dr. Charles Murchison, in one of his Croonian Lectures, gives the following advice on this subject:—

First, in regard to *diet*, much more is to be expected from the careful regulation of diet than from physic. We ought to remember that the hepatic derangement of lithæmia may exist for years, and that it may be cured by a careful attention to diet only, but if neglected may go on to gout. Over-eating, especially of rich food, must be interdicted, and above all saccharine and oleaginous cooked dishes. Even bread may have to be given up by the patient. Any idiosyncrasy must be ascertained. A simple diet of stale bread, fish, tea, etc., will be found best. The derangement may be due to overmuch both of nitrogenous and non-nitrogenous foods, and it may be necessary to order a minimum only of both kinds. The chief meal of the day may have to be taken in the morning. Diluents, such as the mineral waters, may prove useful. Even greater caution should be exercised in recommending alcoholic drinks, especially malt liquors; many patients under these circumstances do better without stimulants at all. Alcoholic drinks, in amounts falling far short of affecting the brain, may undermine the health by their effect on the liver. The effect of sudden and complete abstinence is not so serious.

Secondly, a free supply of *oxygen* is, next to diet, highly important in the treatment of functional diseases of the liver. There is no doubt that exercise quickens the circulation, introduces more oxygen into the system, and operates beneficially on lithæmia. Observations have shown the value of sea-air, and patients with hepatic derangements and lithæmia will, especially under favorable circumstances, derive advantage from residence on the coast.

*Aperients* and *cholagogues* are of value in many cases, whether constipation is present or not. Aperients carry off not only bile but fluid from the intermediate circulation. The aperient salts are chiefly used. Certain other aperients have long had a reputation as cholagogues, among which mercury stands pre-eminent. At the present day mercury has, however, lost much of its reputation, especially as a cholagogue. A practitioner gives a mercurial, and finds more bile in the stools and his patient relieved. A physiologist ties the common bile-duct, makes a fistula, and finds that less bile is discharged after the administration of mercury. The results of such experiments have indeed

been contradictory. The general effect has been to discredit the cholagogue action of calomel very much. On the other hand, it has been urged that the results of such experiments do not apply either to man or to the diseased state of the liver. Now, much of the difference of opinion may be reconciled if we remember the osmotic circulation in the abdomen previously alluded to. A large proportion of the bile which enters the bowel is reabsorbed and carried back to the liver. Mercury and some other drugs produce bilious stools because they sweep away the bile before it is absorbed; and it is for this very reason that they are to be found at the bottom of Röhrig's list of medicines which increase the flow of bile from the common duct. It would appear, therefore, that mercury is a true cholagogue, and that more than if it were a mere stimulant of the liver, and thereby induced congestion. It may also act on the gall-bladder. But there is reason to believe that mercury is of use in other functional diseases of the liver unattended with biliousness. Patients suffering from such diseases continually confess this. Mercury may indeed be useful for the very same reason that it is useless in promoting the healing process, namely, by helping disintegration. It is perhaps for the same reason valuable in some cases of croup and in constitutional syphilis. Be this as it may, the clinical evidence in favor of mercury is overwhelming. Podophyllin acts much like mercury, but it has probably some affinity for the small intestine, and gripes more than mercury. Jalap, senna, etc., are all valuable. Röhrig seems to consider them true cholagogues. Colchicum has some effect in this way; taraxacum probably acts mainly as a mild aperient.

*Alkalies*, next to aperients, are the most useful drugs in functional derangements of the liver, especially a combination of alkaline salts. The waters of Vichy, Vals, and Ems are valuable for the same reason. The beneficial effects of alkalies are not due to the neutralization of acidity or of lithic acid, but to their influence upon the pathological state on which lithæmia depends. The administration of alkalies in lithæmia is, as a rule, well borne, but it should be occasionally interrupted.

Chloride of ammonium, mineral acids, tonics, and opium may be used in these cases; but tonics should be given with the greatest possible caution, otherwise they may do more harm than good.

#### The Transmission of Nervous Impulse.

According to the *Lancet*, in some recent experiments, Dr. Sigismund Exner took the act of winking as that best adapted to enable him to determine the time required for a complete reflex action from the application of the stimulus to the sensory nerve to the contraction of the muscle. He constructed, with this object in view, a very light lever of straw, terminating in a bristle, which was applied to the lid, and the ordinary arrangements were made for the exact registra-

tion of the commencing contraction of the orbicularis. The stimulus was an electric spark, either passed in front of the eye and thus acting on the optic nerve, or exciting the fifth by striking directly on the cornea. In the latter case, the entire physiological time occupied in the reflex action, that is to say, the time occupied in the transmission of the sensation to the sensory centre, its reflection to the muscle, and the period of latent excitation in the muscle, was, if a strong electric stimulus was applied, 0.0471 of a second; if a weak one, 0.0555 of a second. These numbers can only be regarded as approximate, since the period of latent excitation of muscle in man is unknown, and Dr. Exner was obliged to estimate it. He regards the possible error in the above estimate of the time occupied in the reflex action as on this ground equal to more or less than 0.01 of a second. He feels himself entitled to conclude, however, that the time required for a reflex action is not constant, but is shorter for strong impressions, longer for feeble impressions; and it is certainly shorter than is required for a voluntary movement consequent on a sensory impression, the latter, in such a case as that in which a finger of one hand is touched and one of the other is made to move, being from 0.0828 to 0.0775, or at highest 0.0740 of a second, though it must be admitted that the course traveled over by the nervous impulse is here considerably greater.

#### On Gangrenous Vulvitis.

The *London Medical Record* says the younger Guersant and M. Trousseau have given some most useful counsels on this subject. After the indications given by the most powerful modifying agents, these two practitioners have not feared to have recourse to the disorganizing action of the actual cautery. This agent has, according to their experience, proved the least uncertain method of circumscribing the limits of the evil. MM. Rilliet and Barthez employed chloride of zinc for the same object, but these means are all very painful, and if, as it is affirmed in the *Progrès Médical*, M. Parrot, the surgeon to the Paris Children's Hospital, has succeeded in avoiding the disagreeable effects of this somewhat barbarous treatment, he will have effected great good. The topical application used at that establishment by the distinguished surgeon in question, is the iodoform powder, which is absolutely painless in use. During several years, M. Parrot has been tolerably successful in his treatment of ulcerated gangrenous vulvitis; combating it by the use of dressings of concentrated solution of chlorate of potash frequently renewed, or cauterizations with nitrate of silver. But neither of these methods, nor others needless to recapitulate, have been so uniformly successful as the iodoform. Iodoform alone, tried as a last resource after other topical applications, generally appeared to arrest the invading progress of ulcer in two or three days, and to rapidly facilitate the appearance of fleshy germs in the bottom of the

wound. Iodoform in this case acts in the same way as in chancreous bubos, fungous ulcers, and hospital gangrene. But in order to attain the desired end, the iodoform powder must be freely used; not the smallest portion of the wound must remain uncovered by it. When the bottom of the ulceration is very wet and the detritus plentiful, it is advisable to renew the dressing twice a day during the first two days.

#### Death from Vaginal Injection.

The Doctor says:—Vaginal injections of irritating nature are habitually prescribed, without thinking of the consequences to which they may give rise. Here is an observation of a vaginal injection, followed by death, which may make those persons reflect who consider the vaginal mucous membrane as but little sensitive.

This observation has been reported in the *Gazette des Hôpitaux* by Dr. Lorain. A young girl, *et. 16*, was attacked with vaginitis, which was thought to be gonorrhoeal. After an emollient treatment without efficacy, as the mucous membrane could not be directly cauterized, Dr. Lorain ordered an injection with a weak solution of nitrate of silver. A centigramme of nitrate of silver only had passed into the vagina, with care; nevertheless, there was great pain after the injection, the patient was restless and moved about in her bed. Ice upon the abdomen and in the vagina produced amelioration, and this condition remained for four days: vomiting took place, and stomatitis, resembling mercurial stomatitis. The temperature was  $37.8^{\circ}\text{C}$ .

On the fifth day the patient died suddenly, at seven in the evening, the abdomen not presenting any peculiar tympanitis.

To what was this singular death attributable? Dr. Lorain thought this might be attributed to some drops of pus issuing from the Fallopian tubes, caused by a reflex action determined by the pain.

At the autopsy, Dr. Tardieu, in fact, showed that there existed metritis of the mucous membrane, with suppuration.

#### Cases of Oesophagismus.

Before the Medical Society of the College of Physicians, of Ireland, as we learn from the *Irish Hospital Gazette*, April 1, Dr. A. W. Foot read a paper giving a description of four cases of this peculiar and not very common affection, which had been under his care in the Meath Hospital. Three of the cases occurred in men, and one in a female. In none was there any evidence of organic disease or of hysteria; and none of them were cases of what Sir Henry Marsh had termed the regurgitating disease. Dr. Foot described, *seriatim*, the symptoms in each case, which so far resembled one another in character:—(1) In suddenness of occurrence; (2) In there being a more or less intermitting dysphagia, which was greater with solids than with fluids, and more likely to be excited by cold fluids than by hot, as also by anything sour; (3) In the occur-

rence of oesophageal vomiting; and (4) In the co-existence of hiccough as a symptom. In two of the cases there was no cause assigned for the occurrence of the complaint, in the third it was attributed to a squeeze of the throat, in the fourth to intense grief. The whole four occurred in persons of the disposition called "nervous;" but there was no reason to believe that their symptoms were either feigned or exaggerated, or in any way under their control. The dysphagia was certainly oesophageal, not pharyngeal, and therefore beyond the influence of the will. The diagnosis of oesophagismus was, Dr. Foot observed, based upon the suddenness of its occurrence, the variability of its intensity with various kinds of food, its intermittence, the co-existence of other symptoms, especially hiccough, and the absence of other causes of dysphagia, mechanical, inflammatory, or paralytic. The oesophageal vomiting in these cases is manifestly different from gastric vomiting, in the absence of nausea, and of contraction of the muscles of the stomach or abdomen, nor has the returned food any sour or acid taste.

The chairman said that his father had had an attack of spasm of oesophagus; and that for an entire week he was unable to swallow either fluids or solids. There was no fever. The idea of death from starvation in the midst of plenty was before him, when suddenly, without any special treatment that he (the chairman) could remember, the power of deglutition returned.

Dr. MacSwiney could recall three cases which correspond with the description Dr. Foot had given of the affection. They were all in men between the ages of eighteen and thirty, and all recovered. In one of these cases there was an enormous secretion of mucus; and frequently a morsel of food which had been swallowed one day, would be ejected unaltered, and recognized twenty-four or thirty hours subsequently. In this case there was also an enormous dilatation of the oesophagus above the seat of spasm; warm liquids alone could be swallowed. Passing a probang gave great relief. Dr. MacSwiney was led to believe that there was sanguineous congestion of the oesophageal mucous membrane, from the fact that in one of his cases blood was brought up at intervals in small quantities. Antispasmodics alone seemed to give relief in these cases, and hydrocyanic acid, especially, was the remedy.

Dr. H. Kennedy had seen five or six cases of this kind: all recovered. Sometimes there was a total stoppage, and other cases seemed to be able to get down a little.

#### Etiology of Vertigo.

The *Journal of Mental Science* quotes an article by Dr. Tigges, in the *Zeitschrift für Psychiatrie*, upon "Cases of giddiness with double vision, and their treatment with the constant current." He finds giddiness with double vision frequently accompanied with gastritis, and gives a careful analysis of the symptoms. Apparently double vision has often nothing to do with the



two eyes, or with the two optic nerves, for sometimes when the patient shuts one eye he still sees double with the other. In one case the patient saw single when the two eyes were opened; when one was shut he saw double. Sometimes they saw single within a certain distance, while they saw the same object double when the object was brought nearer, or further off. Dr. Tigges mentions a case where the patient saw objects single at a distance of from one to one and a half feet; objects held nearer were seen double, also objects further off; but about four feet distant they appeared threefold, and beyond this the patient could not distinguish anything.

In treating these cases great benefit was derived from the application of the constant current. The stream was directed towards the sympathetics of the neck, or passed through the base of the brain from one to five minutes. Occasionally the application was followed by a prompt cessation of the symptoms, and a cure followed after four or five sittings. Dr. Tigges also tried electricity, with advantage, in cases of giddiness without double vision, and in tabes dorsalis with giddiness and double vision. Some of his patients were insane, for the most part affected with melancholia; in others the mind was not disordered. Dr. Tigges used Stöhrer's constant battery. He has found by experiments on the dead body that a current directed through the mastoid processes reaches the posterior plane of the medulla oblongata; that when directed a quarter of an inch before and above the border of the ear it reaches the *crura cerebri*; and that directed a quarter of an inch above the middle of the ear it reaches the *corpora mammillaria*.

#### Cough from Elongated Uvula.

Dr. C. B. Garrett writes to the *Lancet*:—"It is no uncommon thing to find a person suffering from harassing cough, his health enfeebled, spirits depressed, appetite diminished, and body emaciated, whom no remedies have more than slightly relieved, and yet all owing to the local irritation caused by an elongated uvula. I feel perfectly convinced that in many instances it arouses the tubercular diathesis, and leads on to the development of phthisis, if not of other formidable affections. Cases are constantly presenting themselves to me of congestion of the lungs, which are clearly traceable to the exciting agency of this lengthened appendage.

A person will tell you that he has a distressing, barking cough, especially in the morning, much aggravated by E. and N. E. winds, till a little secretion commences in the larynx, and he can "bring up the phlegm," and this may disturb him more or less during the day and night. There is also usually a sensation of there being something at the back of the throat to be swallowed. This is the prolonged uvula, which may often be seen with its apex lying on the tongue, after the fashion of a foot. I have often witnessed instances of a thin, long uvula being actually drawn up out of sight, as it were, by the

action of the muscles in suddenly opening the mouth, and disclosing its longitude only by keeping the depressor on the tongue till the muscles were tired. The soft palate soon becomes flabby, the arches lax, and the fauces red and puffy. Now comes the second stage. The irritation and congestion travel onwards down the windpipe, the mucous membrane of which becomes thickened, and so cushions up the interior of the tube that the volume of air inhaled in natural inspiration is insufficient to inflate the lungs; the bronchial tubes collapse; the pulmonary blood-vessels become gorged, and congestion (our third stage) is established. The breathing becomes affected; the heart joins in the *mêlée*, with throbbings, even occasionally intermitting in its beats. With such unquiet neighbors the digestive system sympathizes, with loss of appetite, possibly retching (in a measure attributable to the irritation in the palate, etc.), flatulence, constipation, and other symptoms of disturbed digestive functions. The urine throws down a sediment of lithate of ammonia, often clouded with mucus, and altogether there is a general disturbance of the whole system. Nor do the brain and nerves escape. Deficiency of memory, incapability of mental application, dullness of intellect, gloomy forebodings, abhorrence of society, occasional vertigo, restless, dreaming nights and staggering gait complete the category of doleful consequences arising, in the first place, from an elongated uvula!

The treatment is operative or medicinal, or both conjoined.

#### Treatment of Granular Lids.

In a clinical lecture on this subject, in the *Irish Hospital Gazette*, Dr. Swanzy remarks that the first and most important thing is to provide abundance of fresh air, both within doors and without. The patient should never be allowed to remain moping in the house, as he is apt to do, but should be made to take several hours' open-air exercise daily. More, he is convinced, may be done in many conjunctival diseases by fresh air alone than by any other treatment without it. It probably acts directly and locally on the conjunctiva, and not in any round about way through the constitution. When vascular reaction is insufficient for the absorption of the granulations, it should be excited; when excessive, it should be restrained. Hyperæmia may be excited by warm fomentations and by sulphate of copper. Excessive blennorrhœa may be checked by nitrate of silver solution, containing ten grains to the ounce, applied by means of a camel-hair brush to the completely everted upper lid. A little solution of common salt should be at hand to remove excess, and this again may be washed away with plain water. The effect can be modified by the length of time the solution of the nitrate is allowed to remain in contact with the membrane. When the blennorrhœa is only slightly in excess, the *liq. plumbi subacet. dil.* of the *Pharmacopœia*, without spirit, is an admirable thing; it also should be washed



off with plain water, and its use in this way is not contra-indicated by the presence of ulcers on the cornea. It is most important, in using any local application, to thoroughly evert the upper lid, in order that that part of the membrane may be reached which is reflected from the lid to the globe, for a neglect of this part may render the treatment abortive. Fresh cases of acute granular ophthalmia (military or Egyptian ophthalmia) do not require any topical application. Ice compresses alone may be placed on the lids, a leech or two at the inner canthus, and the patient should be purged.

#### Critical Diseases in Insanity.

The *Journal of Mental Science* reports that Dr. Sponholz, in the *Zeitschrift für Psychiatrie*, xxx. Band., i. Heft., writes upon the influence of bodily disease and mental derangement. During thirty years' experience, with two thousand cases of insanity under his care, he has only noticed two cases where recovery seemed to be accompanied by critical perspirations. He considers that lunatics resist morbid causes better than sane people, and that the insane recover quickly from wounds and illnesses. Some authors have observed recoveries from insanity to follow intermittent fever. He has not been able to observe any such effects, though, from the situation of his asylum, ague sometimes appears. Dr. Sponholz gives some cases where recovery from insanity seems to follow the accession of diseases such as cholera, measles, and erysipelas. These instances are few, and occur amidst a large number of cases, so that, after all, they may be simply coincidents.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. J. J. CALDWELL, of Baltimore, has sent us two monographs, one a Review of the Recent Researches in the Pathology and Treatment of Cancer; the other, a Report of Cases Treated by Electricity. They are carefully prepared, and merit attentive reading.

—The Board of Health at Hamburg have recently published a variety of very valuable notes on the sanitary condition of seaports throughout the world. The last number, which has just appeared, includes particulars as to 6 ports in Europe, 23 in Asia, 3 in Africa, 24 in America, and 3 in Australia, besides statistics relative to the sanitary condition of the German

British navies. The reports are compiled and arranged under the superintendence of Dr. Max Leudesdorf, medical director to the board.

—Of separate publications we have received:—

*Post-Mortem Changes versus Ante-Mortem Lesions*, by Dr. S. E. CHAILLE.

*Valedictory Address*, delivered at the Annual Commencement of the College of Physicians and Surgeons, Baltimore, by Professor E. LLOYD HOWAN.

*Writer's Cramp, or Scrivener's Palsy*, by Dr. R. A. VANCE.

*Herpes Gestationis*, by Dr. L. DUNCAN BULKLEY.

*The Management of the Intermaxillary Bone in Double Hare Lip*, by Dr. W. R. WHITEHEAD.

### BOOK NOTICES.

**A Treatise on Pharmacy: Designed as a Text Book for the Student, and as a Guide for the Physician and Pharmacist, containing the Official and many Unofficial Formulas, and numerous Examples of Extemporaneous Prescriptions.** By EDWARD PARRISH. Fourth edition, enlarged and thoroughly revised, by THOS. S. WIEGAND. With 280 illustrations. Philadelphia: Henry C. Lea, 1874. 1 vol., sheep, 8vo, pp. 977.

The lamented death of Professor Parrish occurred while he was engaged in preparing another edition of this popular work for the press, and his papers were placed in the hands of the present editor. He has done his work with great zeal and intelligence, adding about one hundred and fifty pages to the size of the work, and thoroughly revising the articles which were not rewritten.

The general plan of the work is probably known to the majority of our readers. It may be called a supplement to the U. S. Pharmacopœia, and is especially useful to the apothecary and to the physician who dispenses his own medicines. The earlier chapters describe the apparatus needed by such persons, and proper methods of pharmaceutical manipulation. They follow the directions for compounding, examining and prescribing the various medicinal substances. These are divided into inorganic substances, (pp. 109 to 318), organic substances (pp. 319 to 536), and galenicals (pp. 537 to 778). The remainder of the volume treats of extemporaneous pharmacy, writing prescriptions, the art of combining medicines, and the methods of pre-

paring plasters, solutions, powders, cerates, etc. An appendix contains a large number of recipes for dietetic and medicinal preparations. A good index closes the volume.

**The Psychology of Skepticism and Phenomenalism.** By JAMES ANDREWS. Glasgow: James Maclehose, 1874. 1 vol. 8vo, pp. 59.

In this short work the author attacks the two great philosophical schools, that of Skepticism, the most able advocate of which was Hume, and Phenomenalism, which is the prevailing spirit of modern scientific research. The Skeptic declares there is no such thing as absolute truth known to us; or, if there is, we are not able to distinguish it from merely phenomenal truth. The Phenomenalist claims to discard all metaphysical explanations, and to stick to the real and the known; he endorses the Skeptic in the latter's criticisms of the immaterial, but persuades himself that the actual world is not exposed to these shafts.

Mr. Andrews first shows that the Skeptic aims both at the known and the unknown, and that the Phenomenalist is, in fact, merely an illogical and half-way Skeptic. He then proceeds, by a physiological study of consciousness, to show where the Skeptic errs in tracing our knowledge of phenomena to association, and maintains that all of our senses cannot be reduced to the sense of touch, as is generally maintained. The fact of unconscious cerebration he does not consider merely a negative of consciousness, but a positive condition. Consciousness, he believes, is shown, by the conditions of paralysis and muscular anæsthesia, to be more than a physical act, and one inexplicable on grounds of association merely. Reaching by such reasoning the conclusion that phenomena are possible, he believes that philosophical Skepticism, as a system, disappears.

**Outlines of Comparative Anatomy and Medical Zoology.** By HARRISON ALLEN, M. D., Professor of Zoology and Comparative Anatomy in the University of Pennsylvania. Second Edition. Philadelphia, J. B. Lippincott & Co. 1874. 1 vol. 8vo, cloth. pp. 190.

Any study of anatomy which omits the comparative and developmental view of that science is necessarily narrow and imperfect. The structure and functions of no one organ can be thoroughly understood until it is seen at different stages in the scale of organic life. Hence

the propriety of introducing such a series of lectures as this work is based upon into the curriculum of the medical student.

As indicated by the title, the book is divided into two parts. That on comparative anatomy commences with some general considerations on organism and methods of classification. The skeleton is then defined and compared as it appears in the various forms of animal life, progressing from the elementary to the more perfect. The same plan is pursued with the digestive, circulatory, excretory and nervous systems. The phenomena of animal electricity and phosphorescence are discussed; and the sexual system and special sense close the part.

In the medical zoology those forms of animal life are considered which either furnish some article to *materia medica*, or else are objects of medical treatment, the latter class including parasites and entozoa.

In this part are inclosed descriptions of the musk deer, the civet cat, the cony, and the spermaceti whale, all of which furnish odorous principles more or less used in medical art, and the latter also the well known material for ointment. The class Reptilia describes the rattle snake, copperhead, moccasin, viper, and other poisonous snakes, though the list of thanatophidia is by no means exhausted. Of fish, the cod and sturgeon are particularly described. With the Insecta the author was assisted by Dr. George H. Horn, well known for his thorough entomological studies. A careful section on the classification of the vesicants is presented, with tables of characters by which all the genera from our own and neighboring countries may be recognized. Quite a number of these are found abundantly on our own soil, and can be used in place of the foreign article, when occasion requires. The blood is stated to be the chief seat of vesicating power, then certain glands of the generative system, and finally the eggs.

While the author aims at the utmost brevity, to a degree, indeed, which in its effect on his pages detracts somewhat from the interest of readers, no important point is omitted, and a large amount of matter is condensed in a very limited space. Of the hand-books of comparative anatomy before the public, not one is superior to it for the student who wishes to know those portions of the science most germane to medical instruction.

The manufacture of the book is quite satisfactory, and a carefully prepared index and glossary at the close aids the reader in prompt reference.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 9, 1874.

D. G. BRINTON, M. D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of country practitioners is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

## OUR MEDICAL SERIALS.

Our serial publications are the weekly MEDICAL AND SURGICAL REPORTER; the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, published each January and July, constituting a supplement to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the PHYSICIAN'S POCKET RECORD AND VISITING LIST, published annually.

The terms of these are as follows, payable in advance.

Med. and Surg. Reporter (weekly), a year,	\$5.00
Half-Yearly Compendium of Med. Science,	3.00
Reporter and Compendium,	7.00
Physician's Daily Pocket Record,	1.50
Reporter and Pocket Record,	6.25
Reporter, Comp. and Pocket Record,	8.25

Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF

THE MEDICAL AND SURGICAL REPORTER,

115 South Seventh Street,

PHILADELPHIA, PA.

## THE LIMITATION OF VENEREAL.

The Chicago Medical Examiner, which has always taken a most narrow and prejudiced view of this important question, has the following foolish talk in its issue of April 15th:—

"We have never been able to see why the medical inspection of a prostitute, once a week, should materially diminish the prevalence of syphilis, so long as she is liable to embrace disease the very next hour after her inspection, and have all the week to spread it in. If it were possible to rigidly enforce a law that both sexes should be examined, and receive a certificate of health before they embrace each other, some real benefit might be obtained, so far as the spread of disease is concerned."

If the editor of that journal would have the energy to read up with unbiased mind the reports on the Contagious Diseases Acts in England, he would become "able to see" how they do diminish the prevalence of syphilis. But nobody is so blind as he who won't see.

In cheerful contrast to such weakness, are the words of Dr. F. J. BANCROFT, city physician of Denver, Col., in his last annual report:—

"No one but the physician, who sees, in the wives and offspring of the transgressor, the corroding and contaminating effects of diseases contracted in houses of ill-fame, can form any estimate of the fearful consequences entailed, by this evil, upon the present and future generations; for with no other sin is it more certain than with this, that 'the iniquities of the father shall be visited upon the children unto the third and fourth generations.' While I recognize the obstacles in the way of suppressing, or of so regulating it as to more than partially protect the imprudent and thoughtless who visit the places of which more than human wisdom has said, 'Her house is the way to hell, going down to the chambers of death,' I earnestly recommend that some stringent ordinance, like that enforced in St. Louis, be enacted here, which shall in some measure protect the unfortunate inmates of bad houses, as well as their visitors."

We despise that Christianity which is unwilling to help the erring and the unfortunate, though their own vices make them so; we think alightingly of that science which regards sickness as a visitation of Providence on sin, and,

therefore, as something that ought not to be interfered with; and as for that morality, that connubial fidelity, which is kept in check by the fear of disease, it is of less account even than that religion which is based solely on "the fear of hell, the hangman's whip."

These reputable men who seduce and ruin girls, who drive them in despair from their homes to the sinks and slums of great cities, where they fall a prey to foul diseases, these virtuous citizens, then throw up their hands in horror, and even oppose the attempt, the very endeavor, to lessen the miseries they have helped to load upon these wretched outcasts!

"Whip me such rascals naked through the world."

That there should be two medical journals in the United States, as there are, which oppose on every occasion the diminution of disease, and the lessening of the spread of such an insidious malady, is a sad spectacle in this year of grace. One of them, the *Pacific Medical and Surgical Journal*, is quite exercised lest this city should commit itself to such a wise and humane act. It says, in its April issue:—

"Some movements are on foot in Philadelphia to introduce the system in that city. But we should think Philadelphia is the last place in the country to tolerate it. As the case now stands, the legal recognition and licensing of prostitution has no foothold in the United States. The spirit of our people seems immovably hostile to it. To license an acknowledged vice is repugnant to the popular conscience. The mass of intelligent and moral people cannot be seduced into the commission of what they deem wrong, by glittering promises of good results. They will not believe that thorns can be made to bear grapes, or thistles figs."

And this from a medical writer who has at his command the statistical and unquestioned results of the English Contagious Diseases Acts! But, too often in medicine, as in theology, when a writer has once taken a position on a debated subject before the public, he gives up the *inquisitio veri*, and devotes himself to the *confirmatio sententie*.

The serene and superior confidence of the

editor of the *Canada Medical and Surgical Journal*, on the same subject, is also quite awe-inspiring. He has, long ago, settled the matter, and can hardly refrain from astonishment that anybody is still found to debate it. In the April number of that journal he remarks:—

"We observe that a few gentlemen in our city have formed themselves into what they style the 'Sanitary Association.' They have taken up no less a subject than syphilis, and the means for its prevention and removal. The country at large would be greatly obliged to them if they would devise a plan for carrying out their idea with efficiency, an idea, by the way, which has baffled all who have indulged the hope of success in this matter. Far be it from us to wish to discourage these ardent movements, or to ridicule these efforts. But we may observe that they will bear no fruit, and we would simply advise these gentlemen to pass over in silence the consideration of this filthy subject, which is not a greater evil in Montreal than elsewhere."

"I am Sir Oracle, etc." Sewers and cesspools are also filthy subjects, and are no greater evils in Montreal than elsewhere; would he "simply advise" that these, too, be passed over in silence? Very simple advice it would be, if faith; quite as much so as what he does give. Because we have hitherto failed in an enterprise, we should never try more!! Here is a second Daniel, indeed. But the limitation of these diseases has not failed, as any man, not purblind with prejudice, can convince himself in the space of time it would take him to write an editorial upon the subject.

In contrast to this, and to show how deliberate and inexcusable such ignorance is, we make the following extract from *The Lancet*, of April 11, on the practical workings of the English Contagious Diseases Acts. The article says:—

"We have read with much pleasure, and we think the opponents of these Acts might also peruse with much profit to themselves, an article in the *Western Morning News*, of the 28th ult., dealing with the results arising out of the operation of these Acts in the Plymouth district. The experience of the three towns, Ply-



mouth, Devonport, and Stonehouse, has proved these Acts to be one of the most beneficial pieces of legislation of recent years. Take the amount of disease for example. Not very far short of 6000 men, who took part in the Dartmoor Manœuvres, came from places which are under the Acts, and their admissions to hospital on account of this class of diseases did not reach 3 per 1000. Nearly 2000 men came from unprotected districts, and the proportion among them was five times as great. Dartmouth is included within the three towns district. In that town public prostitution is not quite wiped out, but it is reduced to the lowest minimum, and disease has altogether disappeared. Torquay is only a few miles distant from Dartmouth, but it is unprotected, and there prostitution and disease are rife. The immigration of prostitutes into the Plymouth district, amounting nearly to 200 during the year, is rightly alleged to be a sufficient answer to the appeals made on account of the assumed objection of these women to the operation of the Acts. It is asserted as probable that if the district should be isolated the lock wards of the Royal Albert Hospital would become all but empty. The operation of these Acts in this part of England has also been as beneficial morally as it has been physically, in vastly diminishing the number of brothels, in limiting the extent of juvenile prostitution, and in reclaiming a number of unfortunates."

With any quantity of such evidence before them, what moral right have any physicians to oppose these acts? None. Why, then, will they continue to do so? We can only explain it by a quotation from Mr. JAMES ANDREWS' recent work, noticed elsewhere: "There are few sane persons who have not, on some points, delusions which are quite as permanent as those of the chronic maniac, and with whom reasoning has much the same effect."

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### HYPOCHLORITE OF LIME IN VARICOSE ULCERS.

MM. Panas, Lisfranc, and other French surgeons, claim for a solution of hypochlorite of lime a remarkable power of rapidly modifying the grayish surface and foetid sanies of varicose ulcers. This property they explain very

plausibly, by assuming that oxygen in the nascent state is developed when the hypochlorite ( $\text{ClO ClO}$ ) is applied to organic matters, chloride of lime being formed at the same time. They compare this oxidizing action of "l'eau chlorurée" with the results obtained by the application of pure oxygen to gangrenous parts, as practiced by MM. Lauger and Démarquay.

#### CREAM OF CAMPHOR.

This liniment is quite popular in this city. Mr. Mattern gives the following formula for its preparation:—

R—Castile soap, white	3j
Boiling water, sufficient to dissolve.	
Carbonate of ammonia	
Gum camphor	5a
Tincture of opium	fl. ʒss
Spirits of turpentine	ʒij
Oil of origanum	ʒi
Water sufficient to complete, pints	ij

#### SACCHARATED CALOMEL.

This preparation, so highly spoken of by Dr. Harshberger, in the *REPORTER* for May 2d, is shown, by a correspondent of the *Atlanta Medical and Surgical Journal*, to have been known long ago. He quotes from Hamilton on Purgatives, 1804, the following prescription:—

R—Submuriatis hydrargyri scrupulum,  
Sacchari albi drachmam.

Tere intime, et divide in doses duodecim, quarum sumat unam, omni bihorio."

#### SUBNITRATE OF BISMUTH IN SKIN DISEASES.

The subnitrate of bismuth is a substance which causes eruptions to disappear most rapidly and surely in regions where the itching accompanying intertrigo has induced the scratching which has given rise to them. It is one of the most valuable therapeutical remedies.

M. Legal uses it incorporated with glycerine. His formula is:—

R—Subnitrate of bismuth, eight grammes,  
Glycerine, eight grammes,  
Tincture of cochineal, twenty drops.

The glycerine is a very valuable excipient, because it does not become rancid, like the fats.

#### BELLADONNA IN NEURALGIC OPHTHALMIA.

Dr. M. E. Dozier, of Attala, says, in the *Journal of Materia Medica*, he desires to call attention to the efficacy of belladonna in a case of ophthalmia which recently came under his treatment, which had obstinately resisted prolonged treatment with collyriums, ointments, cupping and antiphlogistics. This case was

relieved almost instantly by one application of the fluid extract belladonna to the orbits and temples. The pain was very distressing and of a neuralgic character.

#### PERCHLORIDE OF IRON IN ITCH.

The surgeon of the Bristol Asylum, England, reports that occasionally a case is admitted with scabies. The treatment adopted is to touch each individual pustule with tinct. ferri perchlor., by means of a camel-hair brush. If carefully applied the disease disappears in a few days.

#### A Small Child.

Dr. W. Macpherson, of this city, in a letter to us, describes a child of unusually small size at birth. It was in the seventh month, and weighed, clothes and all, less than one pound. The mother was in the last stage of acute phthisis. The incessant coughing induced premature labor, and although the child was so very small, yet the continued coughing prevented continuous expulsive effort. She was delivered by the forceps, and the child was viable. It survived four days.

#### Elephantiasis.

A case of this disease, rarely seen in this country, is reported by Dr. E. R. DuVal, of Little Rock, Ark. The patient, a farmer, of thirty-nine years of age, was first attacked with rheumatism of the joints of the lower extremities, in the year 1862. He seems to have received no treatment other than of a domestic character, or to have consulted a physician, until 1866, when he became the patient of a homoeopathic physician, and remained under his treatment until 1869. During this period the disease gradually advanced, extending to the upper extremities and successively attacking each joint. From 1869 to the present time he has been attended by many physicians, but with no decided benefit.

In August, 1872, he was attacked with erysipelas in his feet, extending up the legs almost to the knees. By degrees the tumefaction and other characteristics described gradually increased, until the dimensions of the feet and legs were as follows:—

Length of feet, fourteen inches; across instep, twenty-four and one-fourth inches; across ankle, twenty-one inches; across toes, twenty-two and one-half inches; around legs, twenty inches.

On the 6th ult., after a consultation of quite a number of physicians, Dr. DuVal amputated both legs above the knee. He is reported to have borne the operation very well, and that hopes of his recovery were entertained.

Each foot, as amputated, weighs twenty-six pounds. The identity of the toes seems to be lost, but the feet present all the characteristics of elephants' feet.

#### A Large Family.

Dr. A. D. Binkerd sends us an account of Mr. John Kissinger, of Clarion county, Pa., who has been the father of *thirty-four* living children. He has been twice married, his first wife leaving him nineteen, his second fifteen. Our correspondent pertinently asks, "Who can beat that, or who wants to?"

In 1834 nine of his children were suffocated and destroyed by fire in a conflagration of his house when he was from home, a ghastly accident, but eleven of them still survive.

#### Consumption in Colorado.

The city physician of Denver, Colorado, Dr. F. J. Bancroft, in his annual report cites sixty deaths from pulmonary consumption and hemorrhage, but adds:—

These have been deducted from the sum total, as in every instance the disease was contracted outside of the limits of our Territory. Many of these deaths occurred within a few days after the arrival of the invalid, as the result of the advanced stage of the disease, and the long and fatiguing journey.

#### How to Test the Hearing.

In Mr. J. Keene's recently published *Manual of Aural Surgery*, he gives the following directions for testing the acuteness of hearing:—

"Having ascertained, on persons of normal hearing, the distance at which the tick can be heard, this constitutes a standard by which we can judge the amount of hearing in disease. Watches, however, differ so much in tone, and consequently in the distance at which they can be heard, that to describe a watch as being heard at so many inches from the ear really means nothing except as regards the particular watch employed. I would therefore recommend keeping record in a manner very similar to that used in testing vision. Thus, the watch may be represented by the letter W, and supposing the distance at which it can be heard by

the healthy ear be five feet, *i.e.*, sixty inches,  $\frac{W}{500}$  would express the normal hearing distance corresponding with the emmetropic condition of the eye. If, in the case under observation, the watch can only be heard at one foot, *i.e.*, twelve inches,  $\frac{1}{100}$  would represent the condition of hearing. In each case the denominator of the fraction indicates the number of inches at which the watch can be heard in health; the numerator, the actual distance in the case under observation. When the distance is less than an inch, the addition of a cypher to the denominator would express the quantity in tenths; thus,  $\frac{1}{1000}$  would represent half an inch, and so forth. Contact may be expressed by  $\frac{0}{100}$ ; pressure,  $\frac{P}{100}$ ; and if not audible at all,  $\frac{0}{100}$ . This method possesses the advantage of showing at a glance the distance at which the watch should be heard, as well as that at which it is heard."

#### The New Diaphoretic, Jaborandi.

The *Repertoire de Pharmacie*, quoted in the *Chemist and Druggist*, contains an account of this new remedy:—

Dr. S. Cortinho, of Pernambuco, who claims to have discovered the properties of the plant, induced Professor Gubler, of Paris, to make a trial of it, and the account given by that eminent physician corresponds exactly with the claims put forth by Dr. Cortinho.

The leaves and little twigs of the plant are broken up, and from four to six grammes infused in a cupfull of warm water. The infusion may be taken warm or cold, and in about ten minutes after administration the patient breaks out into a violent perspiration, which continues for four or five hours, and which is so thorough as to necessitate several changes of linen. At the same time a most abundant flow of saliva is promoted, so abundant, says M. Gubler, that speech is rendered almost impossible. He asserts that he has known patients eject *more than a litre* in less than two hours. Occasionally the medicine has induced diarrhoea. Its action is more rapid and more thorough if taken warm, and if the patient is well covered up in bed, but its effects are none the less certain under quite contrary conditions.

MM. Cortinho and Gubler justly assume that there is a great future for a drug of such capabilities as this *jaborandi* seems to possess. According to Professor Baillon, the plant belongs to a species of the rue family, the *Pilocarpus pinnatus*: *jaborandi*, it seems, is the Indian

name for the plant. M. Cortinho slightly shakes our confidence in the miraculous power of his *protegé* when he tells us that it is to be found in the interior of some of the northern provinces of Brazil, an expression which seems to bear a relationship to Dr. Bliss' famous condurango formula, the herb which was only of value when procured "from the almost inaccessible slopes of the Andes."

#### Test for Curarine.

F. A. Fluckiger finds that curarine may readily be distinguished from strychnine by the fact that its chromate is amorphous, that of strychnine being easily obtained well crystallized. Further, air-dried chromate of curarine dissolves in concentrated sulphuric acid with a pure and very intense blue color, while the chromate of strychnine gives a violet.

#### Temperature in Pneumonia.

Dr. G. W. Balfour, in an address quoted in the *Edinburgh Medical Journal*, is inclined to agree with Wunderlich, who holds that in pneumonia temperature is not of much importance. He recognizes three types of pneumonia in adults, excluding catarrhal pneumonia and broncho-pneumonia. 1. One in which the temperature rises with suddenness and fell equally suddenly. In this embolic or oedematous form no treatment was needed. 2. One in which a sudden rise is followed by a high average temperature for five or seven days, and then a sudden fall. This he believed can be cut short by treatment. 3. One in which a gradual rise, extending over three days, is followed by three or four days of high temperature, and an equally gradual fall. In this he believed treatment was also useful.

#### Physiology as the Basis of Aesthetics and Ethics.

The following suggestive remarks of Dr. E. Cyon, are from one of his articles translated in the *Chicago Journal of Mental and Nervous Disease*. They merit the profoundest study:—

I have the firm conviction that that part of physiology which employs itself in seeking out the laws of the beautiful, and endeavors to discover the particular structure of our organs of sense, and of our nervous systems; which forces us to love the beautiful, and to abhor that which is not; I am firmly convinced that that portion of physiology has a very different scope than is at this time imagined. When we have dis-

covered the organic laws of the beautiful, then let us search for those which determine the good; for everything that is great, good and generous, is at the same time beautiful; all that is vile, malign and base, is also hideous. There are, therefore, fundamental dispositions in the structure of our brains which compel us to prefer the noble and good to the base and vile, as there is that in the structure of our organs of sense which causes us to love the harmony of sounds and colors, and to detest its opposite.

Physiology can create, in this manner, the basis of a scientific system of ethics, by which it may nourish and cultivate man's moral sense, as it gives the principles of harmony for the cultivation of our musical sense.

### CORRESPONDENCE.

#### Have the Jews any Immunity From Certain Diseases?

ED. MED. AND SURG. REPORTER:—

The reading of Dr. M. Marsh's communication, in the April 11th number of the *REPORTER*, on the subject of "Jews and Christians," and the alleged comparative immunity of the former from tubercular and other diseases, and superior longevity, prompts me to write on this subject in the interest of truth. There is need of dispelling erroneous impressions, which have obtained currency, even among medical men. I claim some authority on this subject, being nationally a Jew, and having practiced as a physician among Jews and Gentiles for the last fifteen years, both in Europe and in this country. My experience, faith, and education prevent me from according advantages to the Jews, in health and life, which do not exist. In these respects it is not scientific to contrast Jews with Christians, but rather with non-Jews, or Gentiles. As to the alleged Jewish immunity from tuberculosis, I can say, that in the family of an aunt of mine, two grown-up children died of pulmonary consumption, it being an evident inheritance from their father's family.

Two Jewish gentlemen, of superior education and impartiality of mind, who happened in my office, were almost indignant at the assertions in Dr. M.'s communication, and cited a number of deaths from consumption in the families of their relatives and acquaintances. In Russia, where I lived up to my twentieth year of age, and that in the midst of a dense and intense Jewish population, whose life is controlled in every step, not only by the inspired Mosaic laws, but vastly more by the unbearable laws and regulations of the latest commentators of the Talmuds, whose separation from and hatred of the Gentiles are complete and intense, these being, as it were, imbibed with one's mother's milk, who constantly inculcate to the young the

vaunted superiority of the Jewish above any other race, even there I never heard the Jews claim any immunity from tubercular consumption, simply because it does not exist there; and the number of Jews in Russia is greater than anywhere in the world. Nor have I observed any such immunity among the Jews of European Turkey, where I practiced medicine for some years. And in my practice in this country (since 1867), which is equally divided between Jews and Christians, I am sure I have observed no Jewish immunity from any diseases, venereal diseases not excepted. And why should it be, at least in this country? The diet of the American Jew differs little from the diet of the population in general, except in the eating of porcine products. But pork is no cause of tuberculosis, as I shall show further on. The only difference there is between the meat prepared for the Jew and that prepared for the rest of the world consists in the examination of the slaughtered animal as to the healthy state of its lungs and intestines, and this may have a bearing upon the possible transmission of tubercles from the lower animals to man. But it must be remembered, that though many Jews eat meat in their homes from that which is prepared for them exclusively, many Jews also eat meat as it is generally sold in the shambles, and abroad, the Jew of this country makes no question for conscience sake.

In sexual indulgence, too, the Jews of this country do not fall behind the rest of the world, and share fully in the inevitable calamities of the criminally unrestrained practice of prostitution in this country and elsewhere. To this I can testify professionally, and my impartial Jewish friends can and do the same. In common with others, especially with Hufeland, I once believed that circumcision affords a protection against venereal, but my practice in Vienna, Austria, and in this country, since 1862, persuaded me fully to the contrary. The apparent immunity which the Jews of Russia and European Turkey, whom I know best, seem to enjoy from venereal diseases, arises from their greater chastity and the practice of early marriage. That chastity refers not only to the unmarried youths, but also to the married, whose observance of the ancient laws of purification after the menses and after child-birth is very stringent, and no doubt very salutary for both sexes, and the total neglect of which among other people may, indeed, be one source of sexual disease in both sexes.

As to the superior longevity of the Jews, this is a fiction. The Russian peasantry, whose principal animal diet consists of porcine products, and whose beverage is the strongest alcoholic distillations, and whose labor, owing to a want of improved agricultural implements, is of the severest kind, shows the greatest percentage of octogenarians and centenarians, and a physique not surpassed by any race of men. The longevity of the Jew is not that of the individual, but of his race, and this is not owing to diet or superior moral qualities, but to a certain advan-



tage of constitution, which dates back to the time of Abraham, the first Hebrew, and which his posterity enjoys as an undeteriorated inheritance to this day, because they have not mixed by intermarriage with the other races with whom they came in contact, or only to a very small extent; and circumcision is perhaps the moral agent which effects this.

A parallel to the longevity of the Jewish race is to be found in the case of the Gypsies, not a Semitic, but an Aryan tribe from India, whose longevity does also not suffer from any climatic circumstances, there being no clime where Gypsies are not found, and yet they adopt the religion of the country they happen to live in, and observe no dietary laws, and are far from being total abstainers from alcoholics. In this case, too, there must be a certain inherited constitutional advantage, superior even to that of the Jews, for the Gypsies observe no circumcision, and no laws against intermarriage with the rest of the world. Diet, therefore, particularly the average diet of a race, nation or tribe, has no influence upon the average longevity of its individuals, the clay eaters, perhaps, excepted. The frugal diet of the Scotch and the fat diet of the Dutch, do equally not affect either their hardiness or their longevity. With reference to the ingestion of porcine fat, I would venture to suggest that, the digestive organs being equal to the absorption of an excessive quantity of it, may really be a preventive of tubercular consumption. No people in the world eat such quantities of porcine fat as the Russian peasantry do, and yet not even in the highest north of Russia is consumption a prevalent disease. I am the more inclined to this opinion from the excellent effects which I have obtained in my practice from the administration of pancreatic fat, pancreatic juice, and pancreatic emulsion, in cases of tubercular consumption and other wasting diseases. This discovery of Dr. Dobell is only in aid of an impaired absorption of fat, by an impaired action of the pancreas in its emulsification. But the ingestion of fat is the main remedy against consumption, and may it not also be a preventive?

The singular preëminence of the Jews in health is a mere fiction, propounded either by those who are not acquainted with the Jewish race in other parts of the world than in this country, or by certain Jewish enthusiasts who have a special axe to grind. The superior longevity of the Jews is not that of the individual, but that of his race. And this, apart from the gift of God in that constitutional advantage to which I referred above, is also owing to the foundation of Jewish society, viz, the care which one Jew bears for his brother Jew. Neither persecution nor perfect equality prevents the Jews from forming strict communities in the midst of the others where they happen to live. It is not here the place to point out the causes of this remarkable phenomenon. The fact is apparent to all the world. As long as a Jew does not forsake his mere name, as such, for another name, he is not lost in this wide world, for he always dwells where

his brethren of the same name dwell. And the Jew knows as instinctively that his brethren will care for him when he needs their aid, as he is himself instinctively ready to help them, even from his smallest substance, when they call upon him in their need. Morals, opinions, rectitude, are matters of less consequence; only let a Jew be willing to be called a Jew, and his people are always grateful for it, substantially and practically. A great part of a lifetime spent as a physician among Jews, in places exclusively Jewish, and also among Jews who are living with Turks, Russians, Protestants and Catholics, and seeing them in health and in disease, in princely affluence and in abject poverty, in the deepest religious bigotry and in the perfect indifference of infidelity, persuades me fully that no race, nation or tribe live in such an inextinguishable trust in the good will of its brotherhood as the Jewish nation does; a trust which frequently assumes among them the expression of a religious trust in God. It is this, I humbly think, which supports the worried nerve and brain of the poor Jew (and most of them were poor at a certain previous time), in his struggle for life, and procures the longevity of the Jewish race under all and even opposite circumstances.

A true biological physiology, which is not tied to the leading strings of the mere chemical doctrines of life, must acknowledge the preëminent influence which the life and state of the human soul has upon the human body, through the agency of its nerves and brain. In our present state of society, with its ever increasing demands upon bodily human energy, human nerves and brains, there is nothing more killing than the feeling of standing alone in this world. That the civilized part of the race is feeling this truth instinctively, witness the increase of secret and open fraternities, which, though hardly keeping pace with the increasing selfishness of the men of this materialistic age, is still something of an effort in aid of the individual in his arduous struggle for life and existence. But the Jewish nation always was, and is now, a great and close fraternity, one Jew never forsaking the material welfare of his brother Jew, and he knows it instinctively. No wonder, then, that he feels supported in his struggles, and no wonder that the bodily life of the individual Jew, and of his nation, do not succumb under any vicissitudes of mortal existence.

It is not, therefore, on account of Jewish sanitary laws, it is not on account of an imaginary exemption from any diseases, nor is it that the Jew is not a hard laborer, that the Jewish nation has not only survived the most terrible catalogue of sufferings for centuries and chiliads, but has even increased steadily under them, but it is, first, because of the constitutional stamina which that nation inherited from its progenitor, Abraham of old, and because it kept that inheritance undeteriorated by not intermarrying with other races; and, secondly, because of that close brotherly compact between its individual members the world over, and throughout all times and circumstances.

In this second point society and the Christian Church have a lesson to learn. That which God in his goodness has made as an instinctive preservative means of the Jewish nation, is being sought (but with what results?) by the Church from its origin, and by the infant science of sociology of our day (but with what promise?), to obtain it for the entire human race.

And for us too, as medical men, there is in this point a very important lesson yet to be learned, and that is, that while drugs and remedies are only remedies for the impaired body of man, the great conservator means of individual, national and social health is that brotherly love of humanity which is in opposition to the low, groveling selfishness which seeks only its own. In a medical sense, too, it is the spirit which gives life, and not the body; not so much the food which it takes, as the goodness which it spends. Not only "a healthy spirit in a healthy body," but a healthy spirit for a healthy body, individual, national and social.

Grateful to you, Mr. Editor, for bringing such topics to the notice of the profession, I am yours, very respectfully,

EPH. M. EPSTEIN, M. D.,

137 Twelfth St., Cincinnati, O.

April 18th, 1874.

#### Delivery of the Placenta by Supra-Pubic Expression.

ED. MED. AND SURG. REPORTER.

At page 158 of the current volume of your journal, I advert to "Crédé's method of placental delivery." From letters of inquiry since received, I find that some of your subscribers are not acquainted with this useful method, and I, therefore, beg space for its description. It is as follows:—

After the cord has been cut and the child removed, the fundus of the womb is grasped, through the abdominal wall, between the thumb in front and the fingers behind. It is then, at the maximum of a uterine contraction, to be both forcibly squeezed and at the same time pressed downward and backward. By means of this uterine expression the placenta and membranes are usually at once detached and extruded. Sometimes, indeed, they will suddenly pop out of the vulva, just as the stone escapes when a cherry is pinched between the finger and thumb. Occasionally it will need two or more pains to effect this; but the sooner this plan is resorted to after the birth of the child, the more easy in execution will it be. In a lean woman this operation is usually successful; in a fat one it may fail, but not often. Those who, like myself, practice this method, contend that it offers many advantages over any other. The risk, on the part of the physician, of communicating any puerperal disease is lessened. The expulsion of the placenta and membranes by a *vis à tergo* is more likely to be complete, than by traction on the cord. Since no traction is made on the cord, it cannot be broken. Adherent placenta is less frequently met with. The

introduction of the hand into the womb is avoided, and so also, as a consequence, is the ingress of air. It empties the womb of all clots, and squeezes it down to its minimum capacity. Finally, the torsic and energetic contraction of uterine fibres following this *manœuvre* tends to prevent the occurrence of hemorrhage or of unruly after-pains. Yours, etc.,

WILLIAM GOODSELL, M. D.

Preston Retreat, Philadelphia.

#### Nitrate of Lead.

ED. MED. AND SURG. REPORTER:—

I am glad the great therapeutic value of this article, in special varieties of carcinosis and malignant ulcerations, "has been discovered" by our kinsmen on the other side of the Atlantic. The high position of the *London Medical Times and Gazette*, and the special notice of Professor Vanzetti's monograph on onychia maligna, will bring this valuable therapeutic agent before the profession in a shape and from a source that will attract general attention.

If the reviewer had read the *MEDICAL AND SURGICAL REPORTER*, of Philadelphia, Oct. 11th, 1873, he would there have found nitrate of lead suggested as a remedy in such affections, in my comments upon a paper previously published in the *London Medical Times and Gazette*, purporting to be conclusions drawn by Mr. I. W. Hulke, of cases of warts that have fallen under his notice, and the suggestive treatment. The whole article of Mr. Hulke was devoted to the consideration of epithelioma. He recommends extirpation by the knife. The following is my language in reply, recommending the nitrate of lead treatment: "Here we, or rather I, and my transatlantic kinsman part. Our best American surgeons and physicians have found milder and less sanguinary treatment of this disease, and therapeutic agents that are very efficient and potent \* \* \*." This was the *pointed* language I used in my departure from Mr. Hulke. I then gave the following formula for its use in such cases:—

R	Plumbi nitrat.	ʒij.	
	Aquæ rosar.	℥.ʒiv.	M.

Sig. Applied three times a day.

I did not pretend to originality, but gave the late Professor Mussey, of Cincinnati, credit for the suggestion. It was before the Mexican war, as I recollect, I think in 1844. I have used nitrate of lead, according to the above formula, with the happiest results, for the long term of years since intervening.

I have used it, within the last year, in two cases of a year's standing of fœtid ulceration of the nose, of apparently malignant character, with decided and prompt relief. In one case the septum of the nostrils was entirely destroyed. It is now sound and well, and gives the gentleman no uneasiness.

So you see what is held to be a *new discovery* in therapeutics by the *London Medical Times and Gazette*, was in use by one of our most cele-

brated surgeons, Dr. Mussey, at least thirty years since.

And here in America, at this time, just bringing it forward and commending it, is characterized by some of the young, buoyant, ambitious, and fast members of our profession, as retrograding, as making an excursion into the realms of the far off, distant, dim, and glimmering archæology.

MADISON MARSH, M. D.

Port Hudson, La.

#### Subnitrate of Bismuth in Onychia.

ED. MED. AND SURG. REPORTER.

In the 28th of March number of your paper, I find, under the head of "A Real Remedy for Onychia Maligna," that nitrate of lead does away with all operative procedures, and cures onychia maligna rapidly and painlessly. In a note at the bottom of said article the editor remarks, "It must be little known, as we have asked for it in several retail drug stores, and it was not in stock."

In many years of experience, I have found that subnitrate of bismuth, when applied in powder, produces also a rapid and painless cure, with all the good results claimed for the nitrate of lead, and the bismuth being so important a remedy generally, is to be found in all drug stores, and almost all doctor's offices.

J. W. COMPTON, M. D.

Evansville, Ind., April 19, 1874.

### NEWS AND MISCELLANY.

#### The Remains of Dr. Livingstone.

When the remains of the eminent traveler reached London, Sir William Fergusson was appointed to verify them. His report appears in the late English journals, and the following extracts from it will doubtless be read with interest:—

"From what I have seen I am much impressed with the ingenious manner in which those who have contrived to secure that the body should be carried through the long distance from where Livingstone died until it could reach a place where transit was comparatively easy, accomplished their task. The lower limbs were so severed from the trunk that the length of the bulk of package was reduced to a little over four feet. The soft tissues seem to have been removed to a great extent from the bones, and these latter were so disposed that by doubling and otherwise the shortening was accomplished. The abdominal viscera were absent, and so were those of the chest, including, of course, heart and lungs. There had been made a large opening in front of the abdomen, and through that the native operators had ingeniously contrived to remove the contents of the chest as well as of the abdomen. The skin over chest, sternum, and ribs had been untouched.

The skin of the trunk, from the pelvis to the crown of the head, had been untouched. Everywhere was that shriveling which might have

been expected after salting, baking in the sun, and eleven months of time. The features of the face could not be recognized. The hair on the scalp was plentiful, and much longer than he wore it when last in England. A moustache could not be recognized, but whiskers were in abundance. The forehead was in shape such as we are familiar with from memory, and from the pictures and busts now extant. The circumference of the cranium, from the occiput to the brow, was twenty-three and seven-eighths inches, which was recognized by some present to be in accordance with such measurements when alive.

In particular the arms attracted attention. They lay as if placed in ordinary fashion, each down by the side. The skin and tissues under were on each side shrunk almost to skeleton bulk, and at a glance, to practiced eyes, there were five, I may say six, professional men present, the state of the left arm was such as to convince every one present who had examined it during life, that the limb was Livingstone's. Exactly in the region of the attachment of the deltoid to the humerus there were the indications of an oblique fracture. On moving the arm there were the indications of the ununited fracture. A closer investigation and dissection displayed the false joint which had long ago been so well recognized by those who had examined the arm in former days. The Rev. Dr. Moffat, and in particular, Dr. Kirk, late of Zanzibar, and Dr. Loudon, of Hamilton, in Scotland, at once recognized the condition. Having myself been consulted regarding the state of the limb when Livingstone was last in London, I was convinced that the remains of the great traveler lay before us. Thousands of heads with a like large circumference might have been under similar scrutiny; the skeletons of hundreds of thousands might have been so; the humerus in each might have been perfect; if one or both had been broken during life it would have united again in such a manner that a tyro could easily have detected the peculiarity. The condition of ununited fracture in this locality is exceedingly rare. I say this from my personal professional experience, and that such a specimen should have turned up in London from the centre of Africa, excepting in the body of Dr. Livingstone, where it was known by competent authorities to have existed, is beyond human credibility. It must not be supposed by those who are not professionally acquainted with this kind of lesion, which often causes so much interest to the practical surgeon, that a fracture and new joint of the kind now referred to could have been of recent date or made for a purpose. There were, in reality, all the indications which the experienced pathologist recognizes as infallible, such as the attenuated condition of the two great fragments (common under such circumstances), and the semblance of a new joint, but actually there was a small fragment detached from the others which bore out Livingstone's own view that the bones had been "crunched into splinters." Having

had ample opportunity of examining the arm during life, and conversing with Livingstone on the subject, and being one of those who entertained hopes that the last report of Livingstone's death might, like others, prove false, I approached the examination with an anxious feeling regarding this great and most peculiar crucial test. The first glance at the left arm set my mind at rest, and that, with the further examination, made me as positive as to the identity of these remains as that there has been among us in modern times one of the greatest men of the human race, David Livingstone.

#### A Modest Announcement.

A correspondent in Wisconsin sends us a local paper containing a paragraph on a doctor of the town, evidently written by himself. It reads:—

"Dr. — has been practicing for ten years, attended the best medical colleges in the country, was surgeon in the U. S. army for three years, and studied for three years with Dr. —. His library is large, and contains the latest standard American and English works, and all the leading medical and surgical periodicals of the day. He discards entirely the use of mercury in any form, as also epsom salts, castor oil, etc., and uses in his practice the latest and most approved remedies."

He evidently believes that a new doctor in a place does best with new remedies.

#### Swallowing a Fork.

A young man in Paris, a clerk at one of the *magasins de nouveautés* there, actually swallowed an ordinary table-fork whilst showing his talents to some of his friends. He was taken to the Hôpital la Pitié, under the care of Dr. Labbé. Soundings with various instruments have been made, for the purpose of exploring the stomach and making out the exact position of the fork, but without much success. The respiratory and digestive functions are scarcely at all disturbed. The only inconvenience which the patient complains of is a feeling as of a foreign body, only when the stomach is empty.

#### The Largest Volume in Medical Literature.

Dr. Triplett, of Washington, says, in an article in the *Richmond and Louisville Medical Journal*: "I must not omit mentioning a discovery made on the premises of Dr. J. M. Toner, President of the American Medical Association. The basement of his house represents the vast index of a monster volume of 'Medical Literature.' Lettered drawers are filled in alphabetical order, with strips of paper, on which are marked the headings of all original contributions of the medical journals of this country, and properly numbered for quick reference. The upper rooms represent the body of the book. I had no idea there was such a huge volume, or so great a worker in town."

#### QUERIES AND REPLIES.

*Dr. B. W. S., of Iowa.*—You will find the leading new remedies described, with their properties and uses, in the *Half-Yearly Compendium of Medical Science*.

*Dr. J. H. S., of Pa.*—At last we have it right. The Penn Medical College never was a regular institution. The school in which Drs. Meigs, Reese and others were professors, about 1852, was the Medical Department of the Pennsylvania College, of Gettysburg, located here.

*Dr. K. T., of Ind.*—Every medical man's name will appear in the U. S. Medical Directory, without reference to his system of practice. The book will be out the middle of June.

*Salvio, of N. Y.*—We have not the least faith in the "acid phosphates" as a remedy for sea sickness. "Dry champagne and deviled biscuit," as recommended by Dr. Chambers, is more likely to meet the case.

#### OBITUARY.

##### DR. J. K. HOLLOWAY.

Dr. J. K. Holloway died at Akron, Ohio, April 16th, 1874, aged 39 years. Dr. Holloway graduated at Long Island College, Brooklyn, in the spring of 1869, located at Nittany Hall, Centre Co., Pa., in the winter of the same year. In the spring of 1870 he removed to Akron, Ohio, where he died as above stated.

In the death of Dr. Holloway the medical profession has lost one of its most skillful physicians. He was able in his profession, and rapidly advanced to the front rank of medical men. He was a man of deep research, and displayed in every case he undertook ability and great skill. It is sad, indeed, that one so useful should be cut down so early in life. H.

#### MARRIAGES.

*GRIER-WATMOUGH.*—On the 29th April, by the Rev. Dr. Rudder, Medical Director William Grier, United States Navy, to Margaretta, daughter of the late Colonel John G. Watmough, of Philadelphia.

*GUIER-TYBOUT.*—On the 18th ult., by Rev. J. B. Spotswood, D. D., Dr. George Guier, of Costa Rica, Central America, and Marion M., daughter of George Z. Tybout, of New Castle County, Delaware.

*PAGE-HEYWOOD.*—At Venice, O., April 15, by the Rev. Geo. L. Chase, of Minneapolis, Minn., Wm. B. Page, M. D., and Ida R. Heywood, all of Venice. No cards.

*SCOTT-SKILLMAN.*—At Lexington, Kentucky, on April 21st, by the Rev. Robert Christie, John W. Scott, M. D., formerly of New York City, and Elizabeth B. Skillman, daughter of the late A. T. Skillman, of Lexington.

#### DEATHS.

*HARRISON.*—At Shullsburg, Wis., on Saturday, April 18th, at (low twelve) 12 P. M., of heart disease, Mrs. S. J. Harrison, wife of W. H. Harrison, M. D., aged 33 years.

*PAIST.*—At Philadelphia, on April 11th, 1874, Anne E., wife of H. C. Paist, M. D., aged 43 years.

*STEVENS.*—April 20th, 1874, at Indianapolis, Ind., Lizzie E., wife of Thaddeus M. Stevens, M. D., formerly Lizzie E. Reece, of Radnor, Delaware county, Penna.